Department of Health and Human Services Director's Office

Grants Management Unit

Request for Funds RFF Instructions

NEW RFF Template for FY15

You will receive a separate RFF Template for each grant.

Changes for FY15

New information includes:

- Program Contact
- Fiscal Contact
- Your GMU Grant Manager

Contact us if:

- Information is incorrect
- Staff changes occur
- Information is incomplete

Other Reminders

- Use the grant-specific RFF template
- Budget column amounts will be prefilled
- Follow the RFF workbook tabs (by month)
- Check the month and report number
- DO NOT change the formulas in the cells

							3195/19		GIFTs ID#	333	3.33	
Program Name:	Ima Sample's Respite Care and Meal Program			Program Contact:		Ima Sample - Program Director						
Funding Source:	Fund For A Healthy Nevada - FHN				Email:		Isample@Respiteandmeals.org					
Grantee:	Ima Sample				cal Contact or	Justin Case						
Tax ID#:	77-1234567				Preparer: Email:		Jcase@Respiteandmeals.org					
Vendor #:	T12345678				Address:		123 Ima Sample Road					
Report Period: From:	July 1, 2014				, State, Zip:	Nowhere, NV 77777						
То:	July 31, 2014				one:	775-684-3333						
Report Number:	1			GMU Grant Mgr:		Happy Helper						
Category			Budget	Current Expenses		Past Expenses Ex				Budget Remaining		
Personnel & Benefits			126,472.00	\$	10,539.34	\$	-	\$	10,539.34	\$	115,932.66	
Contractual/Consult.			21,480.00	\$	1,503.84	\$	-	\$	1,503.84	\$	19,976.16	
Staff Travel/Per diem			1,429.00	\$	63.28	\$	-	\$	63.28	\$	1,365.72	
Equipment			1,250.00	\$	1,197.46	\$	-	\$	1,197.46	\$	52.54	
Supplies			5,635.00	\$	430.34	\$	-	\$	430.34	\$	5,204.66	
Occupancy			26,630.00	\$	2,098.67	\$	-	\$	2,098.67	\$	24,531.33	
Communications			2,805.00	\$	233.75	\$	-	\$	233.75	\$	2,571.25	
Public Information			925.00	\$	80.00	\$	-	\$	80.00	\$	845.00	
Other Expenses			625.00	\$	-	\$	-	\$	-	\$	625.00	
Indirect % (manually calcu current expenses)	late on 8.00%	\$	14,980.00	\$	1,291.73	\$	-	\$	1,291.73	\$	13,688.27	
Totals	•	\$	202,231.00	\$	17,438.41	\$	17,438.41	\$	17,438.41	\$	184,792.59	
CURRENT AMOUNT REQUESTED					17,438.41							
CERTIFICATION I, a duly authorized signatory for the applicant, certify that the data reported above is correct and all spending is in accordance with the approved grant award, and that the amount of the request is not in excess either of current needs, or cumulatively for request \$ 17,438.41 in funds.												
Grantee-Authorized Fiscal Signature			Title			Date						
DEPARTMENT OF HEALTH	H AND HUMAN SERV	ICES	APPROVAL									
Authorized Program Signature			Title			Date						
<u>Fiscal</u>												
Authorized Fiscal Signature			Title			•		Date				
Submit to appropriate office Grant Manager Name: Carsor				00. C	Carson City, NV 8	397	06-2009 Tel	(77	5) 684-4000 F		v 7/14 (775) 684-4010	
Las Vegas Office: 1860 East								,	.,		,	

Filling Out the RFF Template

- Transfer the category totals from your Transaction List to the corresponding category in the "Current Expenses" column on the RFF
- Calculate the Indirect amount by multiplying the Current Expenses total by the Indirect percentage included in your budget (double check your math)
- Enter this amount in the "Current Expenses" column next to "Indirect %"
- Your request total will calculate automatically
- All other columns and rows will calculate automatically
- Check your "Budget Remaining" totals to make sure you have not overspent in any category

Transaction List

All "current expense" category totals entered on the RFF come from the transaction list.

Each expense on the transaction list must include:

- Check/payment date
- Transaction identification number (check number, EFT, auto pay, etc.)
- Payee name
- Brief description of expense
- Amount of expenditure

Sample Transaction List

PROGRAM NAME		REPORTING M	IONTH: JULY, 2014				
Budget Category	Date Paid	Check or Transaction Number	Paid To	For	Amount of Check or Transaction	Amount Charged to Grant	Category Total
Personnel	7/31/14	EFT	Ima Sample - Program Director	Salary/Fringe for July	5,921.00	1,480.25	1 0 000
Personnel	7/31/14	EFT	Justin Case - Intake Specialist	Salary/Fringe for July	3,986.67	3,986.67	
Personnel	7/31/14	EFT	Ura Peach - Case Manager	Salary/Fringe for July	5,072.42	5,072.42	10,539.34
Contract	7/31/14	328	Scarlett O'Hara - Respite Worker	20 hours contract work in July	379.60	360.00	
Contract	7/31/14	328	Scarlett O'Hara - Respite Worker	35 miles @ 0.56	379.60	19.60	
Contract	7/31/14	329	Ashley Wilkes - Respite Worker	15 hours contract work in July	281.20	270.00	
Contract	7/31/14	329		20 miles @ 0.56	281.20	11.20	
Contract	7/31/14	330	Rhett Butler - Respite Worker	18 hours contract work in July	336.32	324.00	
Contract	7/31/14	330	Rhett Butler - Respite Worker	22 miles @ 0.56	336.32	12.32	
Contract	7/31/14	331	Melanie Wilkes - Respite Worker	17 hours contract work in July	319.44	306.00	
Contract	7/31/14	331	Melanie Wilkes - Respite Worker	24 miles @ 0.56	319.44	13.44	
Contract	7/31/14	332	Bonnie Butler - Respite Worker	10 hours contract work in July	187.28	180.00	
Contract	7/31/14	332	Bonnie Butler - Respite Worker	13 miles @ 0.56	187.28	7.28	1,503.84
Staff Travel	7/31/14	327	Justin Case - Intake Specialist	113 miles @.56	63.28	63.28	63.28
Equipment	7/10/14	316	Office Depot	Laptop computer w/software	1,294.61	1,197.46	1,197.46
Supplies	7/10/14	316	Office Depot	General office supplies	1,294.61	97.15	
Supplies	7/5/14	315	Costco	Food for in-home meal preparation	155.16	155.16	
Supplies	7/15/14	317	Costco	Food for in-home meal preparation	101.24	101.24	
Supplies	7/25/14	323	Smith's Food and Drug	Food for in-home meal preparation	76.79	76.79	430.34
Occupancy	7/1/14	314	Green Acres Management	Monthly rent	1,125.00	1,125.00	
Occupancy	7/15/14	318	Captain Nemo Water Supply	Water and sewer	133.00	75.00	
Occupancy	7/15/14	319	Buzz Lightyear Electric Co.	Electricity	151.00	151.00	
Occupancy	7/15/14	320	Lightning McQueen Gas Co.	Natural Gas	66.00	66.00	
Occupancy	7/15/14	321	Wilbur's Garbage Management	Trash Collection	75.00	75.00	
Occupancy	7/21/14	322	Charlotte's Janitorial Service	Janitorial	606.67	606.67	2,098.67
Communications	7/26/14	324	Big Global Conglomerate	Land line and cell phone service	275.00	233.75	233.75
Public Information	7/27/14	325	Your Community News	Advertisement	55.00	55.00	
Public Information	7/27/14	326	Help Your Neighbor Inc.	Community Health Fair Registration	25.00	25.00	80.00
Other Expenses							0.00
Total Direct							16,146.68
8% Indirect							1,291.73
Total Requested							17,438.41

Submitting the RFF and Backup

Before submitting your request for reimbursement:

- Check that amounts are calculated correctly and past expenses as calculated on the RFF match up with total expenses from your previous RFF
- Confirm all expenses are allowable within your approved budget
- Check your backup to make sure it is for the correct month
- Make sure all travel expenses and backup are included for the entire trip
- Sign and date the document on the TOP LINE ONLY (above "Grantee-Authorized Fiscal Signature")

Submitting the RFF and Backup

- Scan and email your RFF and backup to your Grant Manager within the allotted timeframe. Email is preferred, but you may also send via fax or mail.
- Submit only one RFF at a time. Be sure the prior month's request has been approved before sending in the next month's.

Reminders:

- A request submitted without errors will be processed quickly!
- Your RFF will be returned if incomplete
- Your RFF will be returned if the calculations are incorrect
- Your RFF will not be processed without required backup
- Errors and incomplete RFFs result in delayed payments

RFF Template Training Thanks for your participation!

RFF Questions? Contact your Grant Manager.

You may also contact:

Connie Ronning, Auditor II <u>cjronning@dhhs.nv.gov</u> Ph: 775-684-4017

Other contacts for RFF questions:

Gloria Sulhoff, AAIII: gsulhoff@dhhs.nv.gov Ph: 702-486-3530

Dana Jones, AAII: <u>dana.jones@dhhs.nv.gov</u> Ph: 775-684-3474